



2016 Spring Registration Form

T-Ball, Coach Pitch, Boys Baseball & Girls Softball

Sandy Parks & Recreation

Please be accurate and complete filling out this form.
Failure to do so may cause inconvenience or injury.

Office Use Only:

Receipt # _____

Amount Paid _____

Date Paid _____

Received by _____

Late Fee _____ Family Discount _____

Player's Name: _____ ☐ Male ☐ Female

Address: _____ (First name) _____ (Last name) _____ (Middle Initial) _____ City: _____, Utah, Zip: _____

Elementary school area: _____ School attending: _____

Birth Date: _____ Grade: _____ Age on Jan. 1, 2016: _____ Medical/Health Restrictions: _____

Father/Guardian: _____ Mother/Guardian: _____

Phone (Day): _____ (Evening): _____ (Cell): _____

Please check
ONE box for
preferred
phone number.

Phone (Day): _____ (Evening): _____ (Cell): _____

Parent's Email Address: _____ May we provide this Email to your child(s) coach? _____

Additional person to contact in case of emergency: _____

Relationship to Player: _____ Emergency contact's phone #s: (H): _____ (C): _____

Player's years of organized experience: _____ Player would like to be on same team as: _____

- TEAMS: Players wishing to play together can register as a team.**
- If registering online, please note the Coach's name and/or other players on the team.
- Coaches will need to submit a team roster, which are available at Sandy Parks & Recreation or online.**
- \$4.00 discount for additional children in same sport.
- Ages, locations & game days may be changed or combined based on enrollments.
- How did you find out about this program:** website - school - mailing - brochure - City email - Sandy Now - friend - Coach - Played before

EARLY REGISTRATION
JAN 4 - MARCH 2, 2016

REGULAR REGISTRATION
MARCH 3 - MARCH 9, 2016

LATE REGISTRATION
(upon availability)
AFTER MARCH 9, 2016

Standard shirt sizing will be ordered for each age group. No refund after 1st scheduled game. \$15.00 is non-refundable.

COED T-BALL	Ages 4 - 5: As of January 1, 2016
Cost: <u>Early:</u> \$30 <u>Regular:</u> \$35 <u>Late:</u> \$40	
<u>Days & Locations</u>	
_____Monday	Falcon Park
_____Tuesday	Falcon Park
_____Wednesday	Eastridge Park

BOYS BASEBALL	Ages 7 - 12: As of January 1, 2016
	<u>Early</u> <u>Regular</u> <u>Late</u>
_____8 & Under (Machine Pitch) Tu & Th	\$45 \$50 \$55
Eastridge & Falcon Parks	
_____10 & Under (Player Pitch) M & W	\$50 \$55 \$60
Falcon & Lone Peak Parks	
_____12 & Under (Player Pitch) Tu & Th	\$55 \$60 \$65
Falcon & Lone Peak Parks	

COED COACH PITCH	Ages 5 - 6: As of January 1, 2016
Cost: <u>Early:</u> \$30 <u>Regular:</u> \$35 <u>Late:</u> \$40	
<u>Days & Locations</u>	
_____Monday	Eastridge Park
_____Wednesday	Falcon Park
_____Thursday	Falcon Park

GIRLS FASTPITCH SOFTBALL	Ages 7 - 15: As of January 1, 2016
	<u>Early</u> <u>Regular</u> <u>Late</u>
_____9 & under Tu & Th	\$45 \$50 \$55
(Machine Pitch, Player Pitch, Coach Pitch)	
_____12 & Under M & W	\$50 \$55 \$60
_____15 & Under Tu & Th	\$50 \$55 \$60
Locations: Dewey Bluth and/or Buttercup Parks	

Help us make a successful program by volunteering! I will be a:

Coach: _____ Assistant Coach: _____ Team Parent: _____

Email address (Coach & Assistant Coach only) _____

(Please print)

Sandy City 2016 Spring Sports
Girls Softball, Boys Baseball, Coed T-Ball, & Coed Coach Pitch
INFORMED CONSENT AND AUTHORIZATION

The undersigned, as the parent or guardian of _____ agrees to allow my child to participate in the program/activity checked and described below:

- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> GIRLS SOFTBALL | Ages 7 - 15 as of January 1, 2016 | Runs approximately March 15 – May 31 |
| <input type="checkbox"/> BOYS BASEBALL | Ages 7 - 12 as of January 1, 2016 | Runs approximately March 15 – May 31 |
| <input type="checkbox"/> COED T-BALL/COACH PITCH | Ages 4 - 6 as of January 1, 2016 | Runs approximately March 15 – May 31 |

Program / Activity Description

The Sandy City Spring Sports Program utilizes Sandy City Fields. Games are played on weeknights. Participation in the Spring Sports program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include: hit by a bat, hit by a thrown or batted ball, sliding, collision with players or fences and (1) minor injuries such as a sunburn, windburn, scratches, bruises, blisters, and sprains; (2) major injuries, such as eye injury or loss of sight, joint or back injuries, concussions, and broken bones (3) catastrophic injuries as well as paralysis and death. Transportation to and from practices and games is the responsibility of the parent or guardian.

I recognize that the program/activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

____ Please initial here

Emergency Medical Care Authorization

In the event my minor child is injured while participating in the program/activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./ paramedic/physician, such treatment is necessary.

Name of Child _____ Age: _____

Health Insurance Carrier: _____

(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)

Medical Restrictions on Player's Participation: _____

____ Please initial here

Media Release

I give permission for activity videos and photographs to be taken of the program participant for use in public media as well as official Sandy City publicity, such as Sandy City Internet web site, publications, displays and presentations.

____ Please initial here

Concussion & Head Injury Policy Acknowledgement

I have read the Concussion and Head Injury Policy. I have been informed on how to recognize the signs and symptoms, and agree to abide by the policy. I understand if my child is suspected of having a concussion, he/she will be removed from the sporting event and will not be permitted to continue participating in any upcoming sporting events until a qualified Health Care Professional has determined it to be safe. I will provide Sandy City with a written statement by a qualified Health Care Professional acknowledging my child is cleared to resume participation. Within this statement the provider must acknowledge he/she has successfully completed a continuing education course in the evaluation and management of a concussion within three years before the day on which the written statement was made.

____ Please initial here

I have carefully read and understand the contents of this document and I specifically intend to cover my child's insurance needs for the above-referenced program/activity. I have read and agree to the above sections. Please initial each line above.

Name of Parent

or Legal Guardian: _____ **Signature:** _____

(Please print)

Please fill out the registration form on reverse side